



OFFICE OF U.S. SENATOR LINCOLN CHAFEE

U.S. Flag Order Form

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Requested Date for Flag to be Flown (Please note that there is an additional charge for your flag to be flown over the U.S. Capitol): _____

Occasion for Flag to be Flown (Birthday, Anniversary, etc.): _____

FLAG SIZE	FLAG TYPE	QUANTITY	PRICE	TOTAL
3 x 5	Nylon		\$9.00 ea. **	
3 x 5	Cotton		\$9.25 ea. **	
5 x 8	Nylon		\$18.00 ea. **	
5 x 8	Cotton		\$20.00 ea. **	
			Subtotal	
** If you would like your flag flown over the U.S. Capitol, please complete the following:			Additional \$4.05/ per flag	
			Grand Total	

PLEASE ATTACH CHECK OR MONEY ORDER MADE PAYABLE TO "KEEPER OF THE STATIONERY" AND SEND FORM TO:

**THE HONORABLE LINCOLN CHAFEE
ATTN: FLAG REQUESTS
170 WESTMINSTER STREET, SUITE 1100
PROVIDENCE, RI 02903**